Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/10/2014	Street:	3009 BUILD DR.	
Incident #:	14ISPC003013	Apt, Lot, Room #:		
County :	TIPPECANOE	City:	LAFAYETTE	
Type of Labo	oratory Seizure (check one)	Seizure Location	izure Location (check all that apply)	
 □ Lab Seizure □ Chemical Seizure □ Equipment Seizure ☑ Dumpsite Seizure 		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
 ☑ One Pot or Birch Reaction(s): OPEN AIR ☐ Red Phosphorous/Iodine Reaction(s): ☑ Hydrochloric Acid Gas Generator(s): OPEN AIR ☑ Flammable Solvents: OPEN AIR ☐ Water Reactive Metal (Lithium): 			☐ Anhydrous Ammonia: ☐ Corrosive Acid: <u>OPEN AIR</u>	
		☐ Corrosive Base: OPEN AIR☐ Ammonium Nitrate/Sulfate:☐ Other (item and location):		
Child under age 18 discovered (check appropriate)				
No No	(number present) not present but evidence they reside	uncles Estimated occurring	length of time manufacturing had been	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Health Depar	ent: <u>LAFAYETTE FIRE</u> tment County: <u>TIPPCANOE CO.</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: rnc	5-807-1601 bles@tippecanoe.in.gov Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: WESLEE ENNIS Phone 765-567-2125				
*This form is to be found to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.